

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Name Change

In the Matter of the Application of:

First Middle Last

On Behalf of (current name of minor(s)):

First Middle Last

For a change of name to (new name of minor(s)):

First Middle Last**Affidavit of Personal Service**

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)
 (County where Affidavit signed)

I, _____, being sworn, state that I am at least
 (Name of person who hand-delivered documents)

18 years of age having been born on _____ and that on _____

_____, I served the Application for a Name Change of a Minor and a notice of hearing upon _____

_____ (Full name of non-applicant parent) at _____

_____ (address where documents were served) by handing a true and correct
 copy of the documents to him/her.

Dated: _____

Signature (Sign only in front of notary public or court administrator.)

Name: _____

Sworn/affirmed before me this

Address: _____

_____ day of _____, _____.

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: (_____) _____